



INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM ANNUAL PERFORMANCE REPORT

State Form 53475 (R5 / 2-17)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ENVIRONMENTAL STEWARDSHIP PROGRAM

Indiana Department of Environmental Management
Office of Program Support
MC 64-00, Room IGCN 1316
100 North Senate Avenue
Indianapolis, IN 46204-2251
Telephone: (800) 988-7901
FAX: (317) 233-5627
E-mail: esp@idem.IN.gov

Please use this form if you are a member of the Indiana Environmental Stewardship Program (ESP) to report on progress toward objectives and targets AND certify ESP requirements continue to be achieved. Indiana ESP facilities must submit an Annual Performance Report (APR) by April 1st of every year, for each calendar year in which the entity has been a member for at least three (3) full months. Membership terms are renewed every four (4) years through submitting your APR. Your APR should be reviewed and signed by a senior manager at your facility prior to submittal. Once signed, e-mail the APR to IDEM at esp@idem.IN.gov. Please do not include any confidential business information in your annual performance report. **Public access laws require IDEM to make the APR publicly available**, which may include posting all portions of your report on the Indiana ESP Web site. If you have any questions, please contact IDEM at esp@idem.IN.gov or (800) 988-7901.

SECTION A

FACILITY INFORMATION

Name of facility

Manchester Tank & Equipment

Name of parent company (if applicable)

McWane Inc.

Street address (number and street)

905 X Street

City / State / ZIP code

Bedford / Indiana / 47421

Website of facility / company

CONTACT INFORMATION

Name of Contact (Mr. / Mrs. / Ms. / Dr.)

Darci Short

Title

Telephone number

(812) 278-5102

FAX number

()

E-mail address

Mailing address (if different from facility address)

City / State / ZIP Code

REPORTING PERIOD

Reporting period dates (mm/dd/yyyy – mm/dd/yyyy)

01/01/2018-12/31/2018

1a. Is this the fourth Annual Performance Report of your membership term?

☐ Yes—If yes, answer question 1b.

☒ No—If no, skip to the "Change in Information" section of this report.

1b. Do you wish to renew your Indiana Environmental Stewardship Program membership?

☒ Yes—If yes, please complete all sections of this annual report.

☐ No—If no, please complete all sections of this annual report except for Section F.

CHANGE IN INFORMATION

In your ESP application and, perhaps, in previous annual performance reports, you described what your facility does or makes. Have there been any changes or additions to your facility's list of products or activities?

☐ Yes—If yes, please describe them: _____

☒ No

SECTION B

PUBLIC OUTREACH AND PERFORMANCE REPORTING

Why do we need this information?

IDEM needs to know how environmental information was shared with the public.

What do you need to do?

Describe how the facility has shared and plans to share environmental information.

Please briefly describe the activities that your facility conducted during this reporting period to interact with the community on environmental issues and to report publicly on its environmental performance. **Participate with Partners for Pollution Prevention**

Please indicate which of the following methods your facility plans to use to make its ESP Annual Performance Report available to the public. Please check as many as appropriate.

☐ Web site (<http://www.>) ☐ Open house ☐ Meetings ☐ Press releases ☒ Other **IDEM releases**

SECTION C

ENVIRONMENTAL MANAGEMENT SYSTEM ASSESSMENT

Why do we need this information?

Facilities need to have implemented an EMS that meets certain criteria and use an ISO 14001 EMS Lead Auditor at least every thirty-six (36) months to assess the EMS.

What do you need to do?
Answer the following questions
about your EMS.

1. What is the most recent date that an ISO 14001 EMS Lead Auditor performed an EMS assessment at your facility? 3/22/2017

2. Name, title, and organization of ISO 14001 EMS Lead Auditor who conducted the most recent EMS assessment: _____
R.W. Byers, Director of Quality Systems, Cornerstone Environmental Health & Safety Inc.

3. Is the date of the most recent EMS assessment performed by an ISO 14001 EMS Lead Auditor within the past thirty-six (36) months?

☒ Yes—If yes, skip to Question 4.

☐ No—If no, please have your ISO 14001 EMS Lead Auditor complete and sign the following checklist, indicating whether or not your EMS meets the listed criteria for ESP membership:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Evidence of senior management support, commitment, and approval. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | A written environmental policy directed toward compliance, pollution prevention, and continuous improvement. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Identification of the environmental aspects at the entity. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Prioritization of the environmental aspects and a determination of those aspects deemed significant considering, at the minimum, environmental impacts and applicable laws and regulations. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Established priorities, and environmental objectives and targets for continuous improvement in environmental performance and for ensuring compliance with applicable environmental laws, regulations, and permit conditions. Objectives and targets must go beyond current legal requirements and specify the environmental media, types of pollution to be prevented or reduced, implementation activities, and projected time frames. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | An established community outreach mechanism that includes identifying and responding to community concerns; informing the community of important matters that affect the community; and reporting on the EMS, including reporting to the public on the environmental policy and significant aspects. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Incorporation of environmental and pollution prevention planning in the development of new products, processes, and services and modifications of existing processes. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Evidence of clear responsibility for implementation, training, monitoring, EMS maintenance, taking corrective action, and ensuring compliance with applicable environmental laws, regulations, and permit conditions. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Documentation of the implementation procedures and the results of implementation. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Appropriate written EMS procedures. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | An annual evaluation of the EMS with written results provided to senior management and affected employees. |

Signature of ISO 14001 EMS Lead Auditor

Date (month, day, year)

4. Were any deficiencies found during the most recent EMS assessment?

☐ Yes—If yes, describe any deficiencies found and the corrective action taken to address each deficiency: _____

☒ No

5. What type of protocol was used to perform the independent EMS assessment?

- ☐ ISO 14001:2015 Certified audit
☒ ISO 14001:2004 Certified audit
☐ ESP Independent Assessment Protocol
☐ Other (please specify): _____

6. Is the EMS certified to a recognized standard?

☐ Yes—If yes, what standard does the EMS follow (please provide a copy of the most recent certificate)?

- ☐ ISO 14001:2015
☐ ISO 14001:2004
☐ Responsible Care EMS
☐ Responsible Care 14001

☒ No

SECTION C

ENVIRONMENTAL MANAGEMENT SYSTEM ASSESSMENT
CONTINUED

7. When was the last Senior Management review of your EMS completed?

Month / Year: December 13, 2018Who headed the review (name and title)? Darci Short / Environmental Supervisor

8. When did your facility last conduct an internal or corporate environmental compliance audit? Do not include inspections or site visits by regulatory organizations.

Scope of the compliance audit: media: air, waste, wastewater, stormwater, SPCC, DOT, EPCRAMonth(s) / Year(s): August, 2018Who conducted the audit(s) (e.g., facility staff, corporate, third party)? Environmental Managers from other McWane Divisions

9. Explain the emergencies experienced within the facility during the past year. Were the applicable emergency and contingency plans detailed in the EMS effective? What changes, if any, have been made to your facility's emergency or contingency plans?

The facility experienced no emergencies in 2018

10. Has your facility corrected all instances of potential environmental non-compliance and EMS non-conformance identified during your audits and other assessments?

☒ Yes—If yes, briefly summarize corrective actions taken and other improvements made as a result of your EMS assessment(s) or compliance audit(s).See Attached☐ No—If no, please explain your plans to correct these instances.☐ No such instances identified.

SECTION D

ADDITIONAL INFORMATION

Why do we need this information?

This information will help IDEM to effectively manage the Environmental Stewardship Program.

What do you need to do?

Answer the questions as completely as possible.

1. In addition to ESP, please list environmental awards received or voluntary programs participated in during the past twelve (12) months.

IDEM's Partners for Pollution Prevention

2. Has your facility taken advantage of any ESP incentives? If so, please describe the implementation process and list additional benefits IDEM should consider.

IDEM Inspectors have given at least an 24 hour notice of planned inspections; this was done upon becoming a member

3. If your facility was not registered to the ISO 14001 standard prior to becoming an ESP member, has ESP helped you to pursue registration? If so, how has ESP been instrumental in achieving registration?

The facility does not plan to become certified at this time

SECTION E

ENVIRONMENTAL IMPROVEMENT INITIATIVE RESULTS

Why do we need this information?

Facilities need to share the results of the environmental improvement initiative that was pursued during the reporting period. IDEM needs to report cumulative program reduction results.

What do you need to do?

Reference Section F for "Category" and "Indicator" options to complete this section. Summarize your facility's progress on achieving the initiative you identified in the application or last year's APR. For assistance, please call (800) 988-7901 or email esp@idem.IN.gov.

Initiative #1

Category 1: <u>Reduce Iron avg in stormwater</u> Indicator 1: <u>amount of Iron in stormwater</u>	Baseline (indicate measurement unit)	Current (indicate measurement unit)	Cost Savings
Calendar year	<u>2017</u>	<u>2018</u>	
Actual quantity (per year)	<u>3.39 mg/l</u>	<u>3.90 mg/l</u>	
Production unit (select one)	Earned Labor Hours Production units Production lbs. Other -- specify (e.g. Gallons, length, etc.)		
Production Quantity	<u>NA</u>	<u>NA</u>	<u>NA</u>
Normalization factor (Current year production ÷ Baseline year production)			
Normalized quantity (Actual current year quantity ÷ Actual baseline quantity) x Normalization factor			

Briefly describe how you achieved improvements for this environmental initiative or, if relevant, any circumstances that delayed progress.

To help reduce iron in storm water, Manchester has improved their best management practices, by purchasing Triton Filters that assist in absorbing iron, Manchester also replaces the storm drain filters more frequently. Iron is a natural occurring metal, it has been challenging to reduce iron levels in storm water. Manchester continues to find better management practices to help reduce Iron levels decrease.

SECTION E

ENVIRONMENTAL IMPROVEMENT INITIATIVE RESULTS
CONTINUED

Initiative #2

Category 2: _____ Indicator 2: _____	Baseline (indicate measurement unit)	Current (indicate measurement unit)	Cost Savings
Calendar year			
Actual quantity (per year)			
Production unit (select one)	Earned Labor Hours Other -- specify (e.g. Gallons, length, etc.)	Production units Production lbs.	
Production Quantity			NA
Normalization factor (Current year production ÷ Baseline year production)			
Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor			
Briefly describe how you achieved improvements for this environmental initiative or, if relevant, any circumstances that delayed progress.			

Initiative #3

Category 3: _____ Indicator 3: _____	Baseline (indicate measurement unit)	Current (indicate measurement unit)	Cost Savings
Calendar year			
Actual quantity (per year)			
Production unit (select one)	Earned Labor Hours Other -- specify (e.g. Gallons, length, etc.)	Production units Production lbs.	
Production Quantity			NA
Normalization factor (Current year production ÷ Baseline year production)			
Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor			
Briefly describe how you achieved improvements for this environmental initiative or, if relevant, any circumstances that delayed progress.			

1. Briefly describe the *impacts or wastes* eliminated resulting from the environmental initiative(s). If multiple initiatives, please indicate which specifically.

The goal was to reduce the amount of Iron in our storm water run off.

2. Are there other best management practices (BMPs) you can share correlating to your initiative(s)?

Not at this time.

3. If the objectives and targets associated with the environmental improvement initiative(s) were not attained, please verify continued progress toward the environmental initiative(s). If multiple initiatives, please indicate which specifically.

Manchester, continues to look for new ways to help improve storm water. The reduction of iron in storm water is challenging, due to it being a natural occurring pollutant. Manchester continues to support all BMP and provides the necessary resources to help reduce iron in storm water run off

4. Please provide a narrative summary of progress made toward *qualitative, significant* EMS objectives and targets, if any.

The reduction of iron in our storm water is one of our aspects and impacts listed on the A&I ranking table. Best management practices are being implemented to help reduce impacts.

5. Please list any state, U.S. EPA, or other partnership programs to which you are reporting this data (e.g., Energy Star, Project XL).

N/A

6. Is your entity willing to share the environmental improvement initiative(s) and its best management practices (BMPs) at the ESP Annual Meeting and/or a Partners for Pollution Prevention quarterly meeting or conference? ☐ Yes ☒ No

SECTION F

ENVIRONMENTAL IMPROVEMENT INITIATIVE

Why do we need this information?

Facilities need to show they are committed to improving their environmental performance.

What do you need to do?

Refer to the Environmental Performance Table and answer the following questions.

1. Select the appropriate boxes in the following table to indicate the **category** and **indicator(s)** that represents the environmental improvement initiative selected by your facility. For the category and indicator selected, list the **baseline year** (e.g., 2015) and the **future year** (e.g., 2016). Next, list the **baseline annual quantity** (e.g., 5 tons) and **future annual quantity** (e.g., 2 tons) you are committing to achieve by the end of the future year.

Category	Indicator	Baseline Year 20_18	Future Year 20_19	Unit
<input type="checkbox"/> Material Procurement	<input type="checkbox"/> Recycled content			Pounds, tons
	<input type="checkbox"/> Hazardous/toxic components			Pounds, tons
<input type="checkbox"/> Suppliers' Environmental Performance	<input type="checkbox"/> Specify indicator: _____			As specified for the particular indicator
<input type="checkbox"/> Material Use	<input type="checkbox"/> Materials used			Pounds, tons
	<input type="checkbox"/> Hazardous materials used			Pounds, tons
	<input type="checkbox"/> Ozone depleting substances used			CFC-11 equivalent pounds
	<input type="checkbox"/> Total packaging materials used			Pounds, tons
<input checked="" type="checkbox"/> Water Use	<input type="checkbox"/> Total water used	8,862,200.	7,975,980.	Gallons
<input type="checkbox"/> Energy Use	<input type="checkbox"/> Electricity			kWh / MWh, Btu / MMBtu
	<input type="checkbox"/> Steam			kWh / MWh, gallons, ft ³
	<input type="checkbox"/> Natural gas			Btu / MMBtu
	<input type="checkbox"/> Diesel			Gallons
	<input type="checkbox"/> Propane / LPG			Btu / MMBtu, gallons
	<input type="checkbox"/> Gasoline			Gallons
	<input type="checkbox"/> Solar			kWh / MWh
	<input type="checkbox"/> Wind			kWh / MWh
	<input type="checkbox"/> Landfill gas			Btu / MMBtu
	<input type="checkbox"/> Combined heat and power			kWh / MWh, Btu / MMBtu
	<input type="checkbox"/> Other: _____			_____
<input type="checkbox"/> Land and Habitat	<input type="checkbox"/> Land and habitat conservation			Square feet, acres
	<input type="checkbox"/> Community land revitalization			Square feet, acres
<input type="checkbox"/> Air Emissions	<input type="checkbox"/> Total GHGs			MTCO2E
	<input type="checkbox"/> VOCs			Pounds, tons
	<input type="checkbox"/> NOx, SOx, PM _{2.5} , PM ₁₀ , or CO			Pounds, tons
	<input type="checkbox"/> Air toxics			Pounds, tons
	<input type="checkbox"/> Odor			European Odour Units
	<input type="checkbox"/> Radiation			Curies, Becquerels
	<input type="checkbox"/> Dust			Pounds, tons
<input type="checkbox"/> Discharges to Water	<input type="checkbox"/> COD or BOD			Pounds, tons
	<input type="checkbox"/> Toxics			Pounds, tons
	<input type="checkbox"/> Total suspended solids			Pounds, tons
	<input type="checkbox"/> Nutrients			Pounds, tons of N or P
	<input type="checkbox"/> Sediment from runoff			Pounds, tons
	<input type="checkbox"/> Pathogens			MPN/ml, CFU/ml
<input type="checkbox"/> Non-hazardous Waste	<input type="checkbox"/> Landfill			Pounds, tons
<input type="checkbox"/> Hazardous Waste	<input type="checkbox"/> Incineration			Pounds, tons
	<input type="checkbox"/> Reused/recycled off-site			Pounds, tons, gallons
	<input type="checkbox"/> Other: _____			Pounds, tons, gallons
<input type="checkbox"/> Noise	<input type="checkbox"/> Noise			dBA
<input type="checkbox"/> Vibration	<input type="checkbox"/> Vibration			Inches per second
<input type="checkbox"/> Products	<input type="checkbox"/> Expected lifetime energy use			kWh / MWh, Btu / MMBtu
	<input type="checkbox"/> Expected lifetime water use			Gallons
	<input type="checkbox"/> Expected lifetime waste to air, water, or land from product use			Pounds, tons
	<input type="checkbox"/> Waste to air, water, or land from disposal or recovery			Pounds, tons

If you need assistance filling out the form, please contact the ESP program manager at either esp@idem.in.gov or 1-(800) 988-7901.

SECTION F

FUTURE YEAR ENVIRONMENTAL IMPROVEMENT INITIATIVE
CONTINUED

2. If the environmental improvement initiative(s) will be *qualitative* in nature, please describe. _____
Reduce water usage by 10%
3. What activities or process changes do you plan to undertake at your facility to accomplish your initiative (e.g., technology changes in a particular process line, employee training)? _____
Reduce water usage on our 5 stage washer.
4. Does this initiative address a significant aspect in your EMS?
☒ Yes
☐ No—If no, please explain why you believe this indicator should be included as an environmental improvement initiative: _____

CERTIFICATION AND PLEDGE

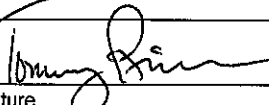
On behalf of (name of facility) Manchester Tank and Equipment Company

I certify that the information contained in this Annual Performance Report and attachments is accurate to the best of my knowledge and that this facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with all applicable federal, state, and local environmental requirements, or has a corrective action program in place to attain compliance.

We, Manchester Tank and Equipment Company, commit to maintaining the principles and goals outlined in our Environmental Management System for our facility's Indiana Environmental Stewardship Program status. We agree to strive for full compliance with all regulations promulgated by the U.S. EPA, state, or local jurisdictions. We agree to promote the Indiana Environmental Stewardship Program and to share our success stories with other facilities. We understand that we must meet the requirement of implementing one (1) new, independent environmental improvement initiative each year of membership (for a total of four (4) initiatives), that the Annual Performance Report must be submitted to IDEM by April 1st of each year, and that we must reapply to the Indiana Environmental Stewardship Program every four (4) years.

I understand that the information provided in this Annual Performance Report will be public record. I am the senior facility manager or authorized facility signatory, and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is submitting this Annual Performance Report.

Signature

Date (month, day, year)
4/8/2019

Printed signature

Tommy Rivera

Title

General Manager



INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM CHECKLIST FOR POTENTIAL REGULATORY INCENTIVES

State Form 53706 (R2 / 9-09)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ENVIRONMENTAL STEWARDSHIP PROGRAM

Indiana Department of Environmental Management
Office of Pollution Prevention and Technical Assistance
100 North Senate Avenue, Mail Code 64-00
Indianapolis, IN 46204-2251
Telephone: (800) 988-7901
Fax: (317) 233-5627
E-mail: esp@idem.in.gov

INSTRUCTIONS: As a member of the Indiana Department of Environmental Management's Environmental Stewardship Program (IDEM ESP), your facility is eligible to receive extended regulatory incentives. Completing this checklist does not commit your facility to receiving such benefits nor does it limit the ability to receive unchecked incentives in the future. IDEM will use this checklist to facilitate internal discussions with the appropriate IDEM staff. Please use the following checklist to indicate which regulatory incentive(s) your facility is interested in receiving and provide the requested information. IDEM will evaluate your request and will provide you with an e-mail summarizing your approved incentive(s) and any further action that is needed.

If you have questions, please contact IDEM at esp@idem.in.gov or 800-988-7901.

APPLICANT INFORMATION

Name of facility Manchester Tank & Equipment
Facility location, street address 905 X Street
Facility location, city / State / ZIP code Bedford / Indiana / 47421
Contact name Darci Short
Telephone number 812-278-5102
E-mail darci.short@mantank.com

OFFICE OF LAND QUALITY INCENTIVES

- ☒ Advanced announcement of routine large quantity generator; small quantity generator; and treatment, storage, and disposal inspections
- ☒ Assign the same Office of Land inspector for all inspections at this source
- Name of inspector
- ☐ Assign the same Office of Land permit writer for all new and modified land permits at this source
- Name of permit writer
- ☐ Low priority for routine large quantity generator inspections

OFFICE OF AIR QUALITY INCENTIVES

Do you currently have a pending permit, permit modification, or renewal application with IDEM? ☐ Yes ☒ No

If yes, who is the IDEM permit writer?

- ☒ Advanced announcement of routine inspections
- ☒ Alternative compliance or monitoring strategies
- Permit number
 - Possible alternative strategies
- ☒ Alternative due date for certain quarterly or semi-annual reports
- Permit number
 - Type of report and alternative due date
- ☒ Assign the same inspector for all air inspections at this source
- Name of inspector
- ☒ Assign the same permit writer for all new and modified air permits at this source
- Name of permit writer
- ☒ Expedited permits including on-site pre-permit application meetings with the permit writer and compliance inspector, and post-application meetings with members if requested or necessary (must notify Office of Air Quality in advance to make use of this incentive)
- ☒ Extend federally enforceable state operating permit (FESOP) renewal term to up to ten (10) years
- Permit number
- ☐ Extended minor source operating permit (MSOP) renewal term to up to ten (10) years
- Permit number
- ☒ Flexible permit language
- Permit number
 - Describe the types of operational situations that may benefit from flexible permit language and provide affected section of permit
- ☐ Low routine inspection priority
- ☒ Reduce reporting frequency from quarterly to semi-annual
- Permit number

☒ Streamline permit renewal application process for FESOP or Title V permit renewals

OFFICE OF WATER QUALITY INCENTIVES

Do you currently have a pending permit, permit modification, or renewal application with IDEM? ☐ Yes ☒ No

If yes, who is the IDEM permit writer?

- ☒ Ability to submit discharge monitoring reports (DMRs) annually
- Permit number
- ☒ Advanced announcement of routine inspections
- ☐ Assign the same drinking water inspector for all future drinking water inspections at this source
- Name of inspector
- ☐ Assign the same drinking water permit reviewer for all future permits and modifications

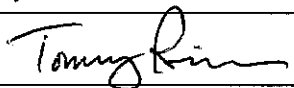
<input checked="" type="checkbox"/>	Assign the same national pollutant discharge elimination system (NPDES) inspector for all future NPDES inspections at this source
	• Name of inspector
<input checked="" type="checkbox"/>	Assign the same NPDES permit writer for all future NPDES permits and modifications
	• Name of permit writer
<input checked="" type="checkbox"/>	Exemption from submitting monthly monitoring reports (MMR)
	• Permit number
<input type="checkbox"/>	Exemption from submitting monthly reports of operation (MRO)
	• Permit number
<input type="checkbox"/>	Expedite drinking water permitting and well site selection approval for a permit submitted on (date) _____ or for a planned permit submission on (date) _____
<input checked="" type="checkbox"/>	Flexible permit language
	• Permit number
	• Describe the types of operational situations that may benefit from flexible permit language and provide affected section of permit
<input checked="" type="checkbox"/>	Low priority for routine NPDES inspections
<input checked="" type="checkbox"/>	Reduction in NPDES permit sampling frequency
	• Permit number
	• Provide suggested frequency:
	• Provide basis for proposed sampling frequency
<input type="checkbox"/>	Accelerate renewal of existing land application permit
	• Permit number
	• Renewal date
<input type="checkbox"/>	Reports for the land application program submitted within sixty (60) days of the last day of each calendar month for the term of the permit
	• Permit number
<input checked="" type="checkbox"/>	Streamline and expedite NPDES renewal application process
	• Renewal date

PARTICIPATION STATEMENT

On behalf of Manchester Tank and Equipment, I certify that:

- I understand that completing this checklist does not commit my facility to receiving such benefits nor does it limit my ability to take advantage of unchecked incentives in the future;
- I understand that completing this checklist does not afford my facility such incentives until IDEM provides me with written notice of the approved request(s);
- I understand that IDEM approved incentives requiring a permit modification or administrative amendment is not put into effect until the modification or amendment is completed;
- I understand that the incentives provided to ESP members may be revised by IDEM at any time;
- I have read and agree to the terms and conditions for Application and Participation in ESP, as specified in the Indiana Environmental Stewardship Program Guidelines and Application Instructions;
- My facility has conducted an objective assessment of its compliance with all Federal, State, tribal, and local environmental requirements, and the facility has corrected all identified instances of potential or actual noncompliance;
- My facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with applicable Federal, State, tribal, and local environmental requirements; and,
- I agree that IDEM's decision whether to approve my requested incentives is wholly discretionary, and I waive any right that may exist under any law to challenge IDEM's acceptance or denial of my requested incentives. I am the senior facility manager or authorized facility signatory, and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is a member of ESP.

Signature / date

 4/9/19

Printed name Tommy Rivera

Title General Manager

Telephone number 812-278-5119

Please provide IDEM with a signed participation statement. Once signed, this statement may be faxed, mailed, or e-mailed to IDEM. See the box in the top right corner of this form for contact information.

FINDINGS AND CORRECTIVE ACTIONS FOR COMPLIANCE AND CORPORATE REQUIREMENTS

Audit Topic	Item Number	Finding	Corrective Action	Priority	Due Date	Responsible Persons
EP-110 Compliance Audits>	2910:117	Retrain Haz Mat employees in Shot Blast on labeling of nonhazardous waste drums from baghouse. Two drums of shot mislabeled as "paint dust" & "paint dust blaster".	Retrain Haz Mat employees in Shot Blast on labeling of nonhazardous waste drums from baghouse. Two drums of shot mislabeled as "paint dust" & "paint dust blaster".	BMP	11/15/2018	Short, Darci
EP-110 Compliance Audits>	2910:125	Train forklift drivers in identifying and cleaning up hydraulic oil from line breaks.	Train forklift drivers in identifying and cleaning up hydraulic oil from line breaks.	BMP	11/15/2018	Short, Darci
EP-110 Compliance Audits>	2910:126	Recommend storing empty drums horizontally to prevent accumulation of stormwater on drum lid.	Recommend storing empty drums horizontally to prevent accumulation of stormwater on drum lid.	BMP	12/13/2018	Short, Darci
EP-110 Compliance Audits>	2910:149	Used Oil drum in Maintenance Department not closed. Replaced bung in drum during audit.	Used Oil drum in Maintenance Department not closed. Replaced bung in drum during audit.	BMP	Completed 9/14/2018	Short, Darci
EP-110 Compliance Audits>	2910:156	Recommend conducting weekly hazardous waste inspections within 7 days. 16 of 52 weekly HW inspections were conducted after 7 days.	Recommend conducting weekly hazardous waste inspections within 7 days. 16 of 52 weekly HW inspections were conducted after 7 days.	BMP	Completed 9/14/2018	Short, Darci
EP-110 Compliance Audits>	2910:172	Water - Recommend adding monthly in title box of Form # EP-009-01 / Secondary Containment Inspection Checklist.	Water - Recommend adding monthly in title box of Form # EP-009-01 / Secondary Containment Inspection Checklist.	BMP	Completed 9/14/2018	Short, Darci
EP-110 Compliance Audits>	2910:173	Recommend editing MTB-EWI-008-01-F01 / HW Storage Area Weekly Inspection Checklist as follows: * Question: Are drums grounded? Insert NA for spent plates & lead and broken lamps * Remove PCBs - number of ballasts * Remove PCBs out of service	Recommend editing MTB-EWI-008-01-F01 / HW Storage Area Weekly Inspection Checklist as follows: * Question: Are drums grounded? Insert NA for spent plates & lead and broken lamps * Remove PCBs - number of ballasts * Remove PCBs out of service	BMP	Completed 9/14/2018	Short, Darci
EP-110 Compliance Audits>	2910:174	Air - Include all permit sections in the quarterly FESOP and NESHAP 6X Requirements Due Diligence Review Report even if non-actionable. Indicate no action is necessary.	Include all permit sections in the quarterly FESOP and NESHAP 6X Requirements Due Diligence Review Report even if non-actionable. Indicate no action is necessary.	BMP	12/13/2018	Short, Darci

FINDINGS AND CORRECTIVE ACTIONS FOR COMPLIANCE AND CORPORATE REQUIREMENTS

Audit Topic	Item Number	Finding	Corrective Action	Priority	Due Date	Responsible Persons
EP-110 Compliance Audits>	2910:175	Air - The majority of the completed MTB-EWI-091-01-F11 Plasma Cutting Table Daily Operator Inspection Sheets do not include the year in the date completed (e.g. 6/28, 6/27, etc.).	Add the year to the date of the completed MTB-EWI-091-01-F11 Plasma Cutting Table Daily Operator Inspection Sheets that do not currently include the year in the date. Trained the inspectors on entering the full date in the inspection forms.	BMP	12/13/2018	Short, Darci
EP-110 Compliance Audits>	2910:176	Air - There are several completed MTB-EWI-091-01-F02 Powder Coat Booths Continuous Daily Equipment Checklists were the inspector draws a single line through the blanks.	Train the inspectors to check the individual conditions of each inspection.	BMP	11/15/2018	Short, Darci
EP-110 Compliance Audits>	2910:177	Air - The MTB-EWI-091-01-F06 Powder Coat Booths Maintenance Monthly Inspection Checklist form has 3 blanks and only 2 questions.	Modify the MTB-EWI-091-01-F06 Powder Coat Booths Maintenance Monthly Inspection Checklist form to have a blank for the each question.	BMP	Completed 9/14/2018	Short, Darci
EP-110 Compliance Audits>	2910:178	Recommend training Haz Mat employees on proper installation of drum rings on nonhazardous waste drums. Two NH waste drums had drum rings installed upside down.	Recommend training Haz Mat employees on proper installation of drum rings on nonhazardous waste drums. Two NH waste drums had drum rings installed upside down.	BMP	11/15/2018	Short, Darci
EP-110 Compliance Audits>	2910:179	Air - Based on the Batch Powder Booth Daily Operator Inspections it appears that the preventive maintenance is barely keeping the operation within the differential pressure range. Beginning around 3/12/18 the Batch Powder Booth Daily Operator Inspection (MTB-EWI-091-01-F03) indicates that the Collector #2 is operating at the upper limit of the DP range (6). 16 Days in March. Both Collectors #1 and #2 for 14 days in April. 13 Days in May.	Evaluate and develop a preventive maintenance program for the Batch Powder Coating dust collector to keep the differential pressure at or below 90% (5.4) of the upper limit (6.0). Once developed, implemented and successful implement for the other pollution control devices.	BMP	12/13/2018	Short, Darci
EP-110 Compliance Audits>	2910:182	No documentation that an Emergency Response Guide accompanied the shipment of hazardous waste on 2/14/18.	Document on Hazardous Waste / DOT Shipment Checklist OR give a photocopy of the appropriate ERG page to the transporter and keep a copy on file.	Medium	11/15/2018	Short, Darci

FINDINGS AND CORRECTIVE ACTIONS FOR COMPLIANCE AND CORPORATE REQUIREMENTS

Audit Topic	Item Number	Finding	Corrective Action	Priority	Due Date	Responsible Persons
EP-110 Compliance Audits>	2910:184	Review active waste profiles in Dakota Scout and assign review dates. Several waste profiles in Dakota Scout did not have review dates filled in.	Review active waste profiles in Dakota Scout and assign review dates. Several waste profiles in Dakota Scout did not have review dates filled in.	BMP	12/19/2018	Short, Darci
EP-110 Compliance Audits>	2910:185	Air - The pneumatic shotblasting is required to be tested every 5 years to determine compliance with the PM, PM10 and PM2.5 limitations.	Schedule an engineering study (stack/emissions test) to be performed by March, 2021 to determine if the preventive maintenance conducted over the 4 years has maintained the performance levels of the air pollution control device with the permitted limits.	BMP	11/15/2018	Short, Darci
EP-110 Compliance Audits>	2910:203	EPCRA - The "Max Amt At Location(lbs)" fields for 6 chemicals in the Tier II report is blank.	Determine if having the actual quantities per location for each chemical reported in the Tier II is required.	BMP	11/15/2018	Short, Darci
EP-110 Compliance Audits>	2910:37	Recommend numbering HW Satellite Areas in the facility and on inspection forms.	Recommend numbering HW Satellite Areas in the facility and on inspection forms.	BMP	12/19/2018	Short, Darci
EP-110 Compliance Audits>	2910:57	pH reading was not obtained prior to discharge at Outfall 003 on 4/21/18.	Retrain effected personnel on proper monitoring/sampling requirements associated with wastewater discharges per updated EWI.	medium	Completed 9/14/2018	Short, Darci
EP-110 Compliance Audits>	2910:71	Recommend adding the weight unit of pounds (lbs) to the monthly HW generation log.	Recommend adding the weight unit of pounds (lbs) to the monthly HW generation log.	BMP	Completed 9/14/2018	Short, Darci
EP-110 Compliance Audits>	2910:86	Continue to implement and track stormwater BMPs at Outfalls 005 and/or 007 to meet the benchmarks for iron, aluminum and pH.	Continue to implement and track stormwater BMPs at Outfalls 005 and/or 007 to meet the benchmarks for iron, aluminum and pH.	BMP	11/15/2018	Short, Darci